

File Date: \_\_\_\_\_

Case No: \_\_\_\_\_

ATTACHMENT # \_\_\_\_\_

EXHIBIT \_\_\_\_\_

TAB (DESCRIPTION) \_\_\_\_\_

## CONTACTS

Diomed, Inc. is committed to supporting physician practice and responding to physician needs regarding EVLT®.

### Claims Submission Or Questions Regarding This Guide

For questions pertaining to claims submissions, the contents of this guide, or appealing denied claims or underpaid claims, contact Director of Reimbursement at 623-332-0803.

### EVLT® Documentation

To obtain additional copies of the EVLT® Reimbursement Guide, technology overview, FDA letter or articles and/or documentation pertaining to EVLT® call toll-free **877-434-6633, ext. 1819**.

### Diomed, Inc. Contact Information

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## CODING AND PAYMENT

There are several benefits to providing EVLT® :

- The physician is able to provide state of the art treatment for venous reflux disease.
- The office can anticipate an increase in patient population related to availability of EVLT®.
- There is potential to generate revenue from patients who may not be appropriate candidates for EVLT®.
- The investment in EVLT® is revenue generating and is able to provide an immediate return on investment.

Please consult with your Diomed, Inc. Sales Consultant for further edification of your personal return on investment, including:

- Identified opportunities for your practice enhancement;
- Design of a specific revenue generating implementation strategy for your office.

The American Medical Association (AMA) codes for EVLT®, effective January 1, 2005 are.

- 36478:** Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser, first vein treated.
- 36479:** Second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure).

The unadjusted national average Medicare reimbursement, established by the Center for Medicare and Medicaid Services (CMS) for 2007 is:

- 36478:** \$ 1,866.98 for office-based procedures and a professional payment of \$ 334.41 when services are provided at a facility
- 36479:** \$ 411.18 for office based procedures and a professional payment of \$ 171.29 when services are provided at a facility

Bear in mind, 36479 is always done **with** 36478, bringing the unadjusted national average to:

**\$2,278.16** for office procedures  
**\$ 506.07** for out of office procedures

Facilities will be compensated based on the applicable ambulatory payment classification (APC) – 0092.

The new codes and the Medicare reimbursement rate are expected to be reflected in contracts with commercial carriers per their usual and customary practice.

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## Continuum Of Care - One Vein

OFFICE VISIT

99202 E&M \$62.91  
 93971 Scan \$117.91  
**\$180.82**

CANDIDATE FOR  
EVLT®?

YES

EVLT®

36478 EVLT® 1<sup>st</sup> vein **\$1,866.98**

POST-OP I

99212 E&M \$37.32  
 93971 Scan \$117.91  
**\$155.23**

F/U@ 1,3,6 MONTHS

99212 E&M \$111.96  
 93971 Scan \$353.73  
**\$465.69**

| GROSS REVENUES GENERATED |                 |                 |                   |
|--------------------------|-----------------|-----------------|-------------------|
| EVLT® Not Performed      |                 | EVLT® Performed |                   |
|                          | \$180.82        |                 | \$180.82          |
|                          |                 |                 | \$1,866.98        |
|                          |                 |                 | \$155.23          |
|                          |                 |                 | \$465.69          |
| <b>Total</b>             | <b>\$233.07</b> | <b>Total</b>    | <b>\$2,668.72</b> |

| EXPENSES  |                   |   |                 |
|---|-------------------|---|-----------------|
| 1 <sup>st</sup> EVLT® Per Month Performed                           |                   | Each Additional EVLT® Procedure During Same Month |                 |
| EVLT® Laser (EVLT® lease payment based on 3 yr. FMV lease \$37,900) | \$1,095.00        |   |                 |
| EVLT® Procedure Kit   | \$360.00          | EVLT® Procedure Kit                               | \$360.00        |
| Misc. Expenses  | \$200.00          | Misc. Expenses                                    | \$200.00        |
| <b>Total Expenses 1<sup>st</sup> Case</b>                           | <b>\$1,655.00</b> | <b>Total each additional case</b>                 | <b>\$560.00</b> |

| NET REVENUE                                  |                   |   |                   |
|--|-------------------|---|-------------------|
| 1 <sup>st</sup> EVLT® Per Month Performed    |                   | Each Additional EVLT® Procedure During Same Month |                   |
| Reimbursement                                | \$2,668.72        | Reimbursement                                     | \$2,668.72        |
| Expenses                                     | \$1,655.00        | Expenses  | \$560.00          |
| <b>Total Net Revenue 1<sup>st</sup> Case</b> | <b>\$1,013.72</b> | <b>Total Each Additional Case</b>                 | <b>\$2,108.72</b> |

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| NET REVENUE TOTAL FOR 6 PATIENTS PER MONTH |             |
|--|-------------|
| After 1 <sup>st</sup> Patient              | \$1,013.72  |
| After 2 <sup>nd</sup> Patient              | \$3,122.44  |
| After 3 <sup>rd</sup> Patient              | \$5,231.16  |
| After 4 <sup>th</sup> Patient              | \$7,339.88  |
| After 5 <sup>th</sup> Patient              | \$9,448.60  |
| After 6 <sup>th</sup> Patient              | \$11,557.32 |

**Net revenue/month based on 6 Medicare patients (1 vein treated) \$11,557.32.**

**Medicare:** Medicare does not reimburse surgeons for administration of tumescent anesthesia.

Total revenue at two levels:

- Patient is evaluated, but not an appropriate candidate: **\$180.82**
- Patient is evaluated and treated with EVLT®, one vein, without anesthesia payment: **\$2,668.72**

Total potential revenue: **\$2,668.72**

Assumptions:

- Assessment based on new patient, unilateral disease, 1 vein.
- Payment based on level II office visit.
- Physician uses duplex scan to evaluate reflux for diagnosis.
- Physician uses duplex scan to evaluate closure and check for DVT (post-op visits).
- Not all patients will be appropriate candidates for EVLT®, but physician will be compensated for office visit.
- Procedure payment based on Medicare national average, unadjusted, and may vary for your area.
- Medicare does **NOT** provide additional payment for surgeons administering anesthesia – some commercial carriers do.
- It is reasonable to anticipate that non-Medicare carriers will reimburse at higher rates.

**Disclaimer:** Information provided here is intended to assist you in obtaining appropriate reimbursement for services rendered. It is **not** intended to increase or maximize reimbursement. Decisions related to completing a reimbursement claim form, including amounts to bill, are exclusively that of the provider. The information provided in this document is intended for informational purposes only and represents no statement, promise or guarantee by Diomed, Inc. concerning levels of reimbursement, payment or charges.

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## Ambulatory Payment Classification (APC) vs. Ambulatory Surgical Center

Ambulatory surgeries may be performed in a hospital outpatient department.

A hospital outpatient department (HOPD) service (remember "H" for hospital) is one that is performed in a facility that is administratively and financially linked to a hospital. The patient is registered at the hospital, but is discharged in less than 24 hours.

**Medicare** reimbursement in the HOPD is based on an ambulatory payment classification (APC). This payment system groups services based on similar procedures and consumption of resources. Medicare provides a fixed payment based on procedure codes. These services must be provided in the hospital outpatient department (HOPD).

APCs are a facility payment. The APC group for codes 36478 and 36479 is 0092. Payment to the facility, based on the Medicare national average, unadjusted, is \$1,529.38. Physician fees are paid separately.

This should be differentiated from an Ambulatory Surgical Center (ASC – remember "A" for alien). An ASC provides 'same day' services, but is **not** administratively or financially linked to a hospital.

**Medicare** reimbursement in the ASC is based on an ambulatory surgical schedule. This payment system groups services based on similar procedures and consumption of resources. Medicare provides a fixed payment based on procedure codes.

ASCs are a facility payment. Physician fees are paid separately.

The codes for EVLT® are contained within the ASC groupings. Physicians may provide EVLT® in the ASC. The ASC should be billed as the site of service. Medicare reimbursement (national unadjusted average) for Group 9 is \$1,339.00.

Payment by **commercial carriers** is based on the insurance product and provider contract. Each contract will dictate the level of coverage provided. Facilities are advised to review commercial contracts for coverage.

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### Medicare Unadjusted Payment Rate – 2007 – In ASC

Medicare reimbursement (national unadjusted average) for EVLT® in an ambulatory surgical center (ASC), Group 9, is \$1,339.00.

1. The ASC provides the location, personnel and miscellaneous supplies.
2. There is adequate payment to allow ASCs to provide EVLT® based on Medicare national average, unadjusted:
  - The ASC would receive \$1,339.00
  - Financials:

| EXPENSES  |                   |   |                 |
|---|-------------------|---|-----------------|
| 1 <sup>st</sup> EVLT® Per Month Performed                                     |                   | Each Additional EVLT® Procedure During Same Month |                 |
| EVLT® Laser (EVLT® lease payment based on 3 yr. FMV depreciation of \$37,900) | \$1,095.00        |   |                 |
| EVLT® Procedure Kit   | \$360.00          | EVLT® Procedure Kit                               | \$360.00        |
| Misc. Expenses  | \$200.00          | Misc. Expenses                                    | \$200.00        |
| <b>Total Expenses 1<sup>st</sup> Case</b>                                     | <b>\$1,655.00</b> | <b>Total each additional case</b>                 | <b>\$560.00</b> |

| NET REVENUE                                  |                   |   |                 |
|--|-------------------|---|-----------------|
| 1 <sup>st</sup> EVLT® Per Month Performed    |                   | Each Additional EVLT® Procedure During Same Month |                 |
| Reimbursement                                | \$1,339.00        | Reimbursement                                     | \$1,339.00      |
| Expenses                                     | \$1,655.00        | Expenses  | \$560.00        |
| <b>Total Net Revenue 1<sup>st</sup> Case</b> | <b>\$(316.00)</b> | <b>Total Each Additional Case</b>                 | <b>\$779.00</b> |

| NET REVENUE TOTAL FOR 6 PATIENTS PER MONTH |            |
|--|------------|
| After 1 <sup>st</sup> Patient              | \$(316.00) |
| After 2 <sup>nd</sup> Patient              | \$463.00   |
| After 3 <sup>rd</sup> Patient              | \$1,242.00 |
| After 4 <sup>th</sup> Patient              | \$2,021.00 |
| After 5 <sup>th</sup> Patient              | \$2,800.00 |
| After 6 <sup>th</sup> Patient              | \$3,579.00 |

The ASC would begin to generate revenue with the second patient.

Based on 6 Medicare patients/month, the ASC could generate \$3,579.00

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## Formula For Medicare Payment (Unadjusted National Average)

### Physician Office Payment:

Each year the Federal Register publishes a list of relative values for physician payment.

- New procedures are evaluated by the experts using them (in this case SIR)
- Relative values, expressed as units, are based on:
  - ♦ Physician work effort
  - ♦ Practice expense
  - ♦ Malpractice insurance costs

| CPT/<br>HCPCS | DESCRIPTION                     | PHYSICIAN<br>WORK RVUs          | NON-<br>FACILITY<br>PE RVUs | FACILITY<br>PE<br>RVUs | MALPRAC-<br>TICE RVUs | NON-<br>FACILITY<br>TOTAL | FACILITY<br>TOTAL |
|---------------|---------------------------------|---------------------------------|-----------------------------|------------------------|-----------------------|---------------------------|-------------------|
| 36478         | Endovenous laser,<br>1" vein    | $(6.72 \times 0.8994)$<br>=6.04 | 42.85                       | 2.41                   | 0.37                  | 49.26                     | 8.82              |
| 36479         | Endovenous laser<br>vein add on | $3.38 \times 0.8994$<br>= 3.04  | 7.59                        | 1.10                   | 0.18                  | 10.81                     | 4.32              |

- The assigned values are used by the Center for Medicare and Medicaid Services (CMS) to make payment determinations for Medicare recipients.
  - ♦ Payment is based on a conversion factor.
  - ♦ The CF for calendar year (CY) 2007 appears in the Federal Register. The Medicare conversion factor for 2007 is \$37.8975.
  - ♦ CMS has added a 'budget neutral factor' (BNF) for 2007. That factor is 0.8994. It is applied to the physician work RVU, only.
- To find the unadjusted national average payment for office procedures go to 'non facility total' (column 7) and multiply by 37.8975.
  - ♦ Example: code 36478 – EVLT® 1st vein has value of 49.26.  $(49.26 \times 37.8975) = 1,866.98$  \$1,866.98 is the average, unadjusted payment.

### Physician Payment When Procedure Done at Facility:

- Add columns 3 ( $6.72 \times 0.8994 = 6.04$ ), 5 (2.41), 6 (0.37). The total is represented in column 8 (8.82)
- Multiply  $8.82 \times 37.8975$  (conversion factor) = \$334.41 is the average unadjusted physician payment.

### Facility Payment:

- Medicare pays a predetermined fixed amount based on category of treatment.
- In the hospital outpatient department these are called 'Ambulatory Payment Classifications' (APC).
  - ♦ Procedures are grouped together based on similarity and consumption of resources.
  - ♦ EVLT® is in APC 0092.
  - ♦ Total payment to facility for this category is \$1,529.38.

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## Summary:

- If the MD does the procedure in his/her office, payment is based on 'non facility total' multiplied by the conversion factor.
  - ♦ Medicare makes one payment (\$1,866.98).
- If the MD does the procedure in the outpatient department:
  - ♦ The MD payment is based on 'facility total' multiplied by the conversion factor (\$334.41)
  - ♦ The facility is reimbursed based on the APC (\$1,529.38).
  - ♦ Medicare makes two payments:
 

|              |                   |     |  |
|--------------|-------------------|-----|--|
| Hospital     | \$1,529.38        | and |  |
| Physician    | \$344.41          |     |  |
| <b>Total</b> | <b>\$1,873.79</b> |     |  |

## Addendum:

- 36479 is always done **with** 36478, bringing the unadjusted national average to:
  - ♦ \$2,276.65 for office procedures
  - ♦ \$573.38 for out of office procedures
- Geographic Practice Cost Indices (GPCI) are applied to these totals. Customers will know their specific adjustment factors. For example, Medicare payment, plus GPCI (for a single vein) in:

| GEOGRAPHIC<br>PRACTICE COST INDICES | OFFICE BASED<br>PROCEDURES | OUT-OF-OFFICE<br>PROCEDURES |
|-------------------------------------|----------------------------|-----------------------------|
| Boston                              | \$2,408.55                 | \$368.69                    |
| Manhattan                           | \$2,375.61                 | \$383.27                    |
| Marin / Napa                        | \$2,425.17                 | \$368.46                    |
| Washington D.C. & Suburbs           | \$2,285.80                 | \$367.01                    |

- These are Medicare reimbursement rates. Private carrier rates are generally higher than Medicare and will vary by contract.

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# Work Sheet

| Patient Name: |   |  |          | Physician Name: |       |   |            |
|---------------|---|--|----------|-----------------|-------|---|------------|
| Insurer:      |   |  |          | Member ID No.:  |       |   |            |
| X             | Code                                      | Description  | Fee      | X               | Code  | Description   | Fee        |
|               |   | <b>New Patient Office Visit</b>  |          |                 |       | <b>Ultrasound Guidance</b>  |            |
|               | 99201                                     | Problem Focused  | \$37.32  |                 | 76499 | US guidance   | \$ 00.00   |
|               | 99202                                     | Expanded problem focused   | \$62.91  |                 | 76999 | US, unlisted procedure  | \$ 00.00   |
|               | 99203                                     | Detailed   | \$91.91  |                 | 76986 | Ultrasonic guidance intra- Op   | D/C80      |
|               | 99204                                     | Comprehensive  | \$139.79 |                 |       |   |            |
|               |   |  |          |                 |       |   |            |
|               |   | <b>Established PT. Office Visit</b>  |          |                 |       | <b>Diagnostic Procedures</b>  |            |
|               | 99211                                     | MD Present   | \$20.20  |                 | 93965 | Doppler exam (ext.study)  | \$128.47   |
|               | 99212                                     | Problem focused  | \$37.32  |                 | 93970 | Duplex, venous, bil. (ext.)   | \$167.39   |
|               | 99213                                     | Expanded problem focused   | \$61.30  |                 | 93971 | Duplex, venous, uni/ltd (ext)   | \$117.91   |
|               | 99214                                     | Detailed   | \$92.36  |                 |       |   |            |
|               |   |  |          |                 |       |   |            |
|               |   | <b>ICD -9 Diagnosis</b>  |          |                 |       | <b>Surgical Procedure</b>   |            |
|               | 454.8<br>454.8<br>454.1<br>454.1<br>454.1 | V. veins w/pain, swelling<br>V. veins w/other comp. NEC<br>V. veins inflamed or infected<br>V. Veins stasis dermatitis<br>Varicose veins, lower, ulcer             |          |                 | 36478 | Endovenous ablation therapy of incompetent vein, ex-tremity, inclusive of all imaging guidance and monitoring, percutaneous, laser, first vein treated    | \$1,866.98 |
|               | 454.0<br>454.0<br>454.9<br>454.9<br>454.2 | V. veins stasis dermatitis<br>V. veins, lower, ulcer<br>V. veins lower extreme - rupt<br>V. veins w/comp. - edema<br>Varicose veins w/ulcer - inflamed or infected |          |                 | 36479 | Second and subsequent veins treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) | \$409.67   |
|               | 454.0                                     | Varicose ulcer (lower extremity, any part)   |          |                 | 36468 | Single/multiple injections sclerosing solutions, spider veins (telangiectasia) limb or trunk  | \$00.00    |
|               | 36478                                     | Professional only = \$360.03   |          |                 | 36469 | Face  | \$00.00    |
|               | 36479                                     | Professional only = \$176.60   |          |                 | 36470 | Injection sclerosing solution single vein   | \$140.99   |
|               |   |  |          |                 | 36471 | Multiple veins, same leg  | \$173.19   |
|               |   |  |          |                 | 37765 | Stab phleb., one ext. 10-20 incisions   | \$443.49   |
|               |   |  |          |                 | 37766 | Stab phleb, >20 incisions   | \$534.73   |
|               |   |  |          |                 | 76942 | UG needle placement   | \$97.23    |
|               |   |  |          |                 | 76000 | Fluoroscopic guidance for needle placement (e.g. iopsy, aspiration, injection, localization device  | \$73.14    |

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## CRITERIA FOR MEDICAL NECESSITY

### Do You Walk To Work Or Carry Your Lunch?

It is within the scope of the carrier's process to establish the clinical criteria for coverage. It is also their option to change those criteria. The following are generalizations related to criteria guidelines for coverage. The best way to know the exact, and most up to date criteria (criteria can change at the discretion of the carrier) for coverage is to periodically review the carrier's policy. This can be done on line: [www.\(carrier name\).com](http://www.(carrier name).com). Click on 'provider', then 'medical policy'. Most ask for your provider ID number. Once entered, type in 'varicose veins'. The policy should come up.

Generally speaking, most carriers have three criteria for coverage: **Symptomatic** patient, period of time for **conservative therapy** and **reflux** demonstrated on ultrasound.

To ensure that all necessary data are collected and documented, we have provided the following intake forms, most to be completed by the patient at each visit. We have provided a blank copy located on [www.diomedmedia.com](http://www.diomedmedia.com) and two sample copies. The first sample relates to a patient who has had conservative therapy and is now ready for endovenous laser treatment (EVL<sup>®</sup>). The second sample relates to a new patient who has not received care for his/her varicose veins at any time in the past. This patient may have to be followed for 90 days (or other carrier criteria) to ensure compliance. Conservative care is billable. These intake forms are for your convenience, only. Please feel free to edit as appropriate.

We have also included a summary sheet to be used when requesting a precertification for EVLT<sup>®</sup>. Not all carriers (i.e. Medicare) require precertification. Physicians are encouraged to use the same process for all carriers. In the event that a carrier, who does not require precertification, has questions after the procedure is completed, all necessary data will be documented and easily accessible.

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## General Coverage Criteria

- I. Symptomatic patient
  - a. Aching, cramping, burning pain, itching
  - b. Swelling, especially after prolonged standing
  - c. Avoidance of precipitating factors (i.e. hot baths)
  - d. Interference with activities of daily living (ADL)  
(ADLs attached)
2. Conservative therapy
  - a. 3 -6 month trial
    - i. Graduated, elasticized compression stockings
      1. proper instruction
      2. patient compliance
      3. prescription (type of stocking i.e. Jobst, etc; mmHG)
    - ii. Mild exercise
      1. Walking
      2. Leg elevation
      3. Weight reduction if applicable
    - iii. Medication
3. Duplex studies
  - a. Define anatomy, size, tortuosity:
    - i. Greater and lesser Saphenous veins
    - ii. Superficial venous segments
    - iii. Perforators
  - b. Demonstrate venous reflux that correlates with patient's symptoms
  - c. Absence of DVT
4. Despite conservative therapy, patient has:
  - a. Superficial phlebitis
  - b. Hemorrhage from a ruptured varix
  - c. Non-healing skin ulceration of the leg
  - d. Continued symptoms

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## New Patients Who Have Previously Received Care For Varicose Veins

FIRST VISIT: (To be completed by patient) Date: 3/1/06

### I. Symptomatic patient (check all that apply)

- a. Right leg ☒ Left Leg ☐
- b. Aching ☒ cramping ☒ burning pain ☒ itching ☒ awakened at night
- c. Patient instructed in avoidance of precipitating factors (i.e. hot baths)  
☒ Yes ☐ No
- d. Interference with activities of daily living (ADL) attached ☒ Yes ☐ No
- e. Swelling, especially after prolonged standing ☒  
Circumference left leg 16cm rt. Leg 18cm (at malleolus)

### 2. Conservative therapy

- a. 3 -6 month trial
  - i. Graduated, elasticized compression stockings
    - 1. Date first worn 6/1/05
    - 2. First prescribed by Dr. Joe Jones, PCP
    - 3. Patient instructions Apply immediately upon arising. Wear during waking hours, except to shower; Avoid hot baths
    - 4. Prescription (type of stocking i.e. Jobst, etc; mmHg) Jobst graduated stocking - 20mmHg at ankle, 40mmHg at knee
  - ii. Mild exercise
    - 1. Walking 1/2 to 1 mile t.i.d.
    - 2. Leg elevation 20 min. q.i.d.
    - 3. Weight reduction if applicable 10lbs in 3 months

### To be completed by MD:

#### iii. Medication prescribed:

- 1. OTC None Pt has Hx GERD
- 2. Prescription (drug name) None-Pt operates heavy machinery and would be unable to work
- 3. No prescription (i.e. operates heavy machinery, drives, etc.) Pt must work to maintain health care coverage

### 3. Duplex studies (MD to complete)

- a. Define anatomy, size, tortuosity:
  - i. Greater and lesser Saphenous veins
  - ii. Superficial venous segments
  - iii. Perforators

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b. Demonstrate venous reflux that correlates with patient's symptoms

c. Absence of DVT

Images and report available in record and provided to carrier   X  

4. Follow up appointment   3/15/06  

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## ACTIVITIES OF DAILY LIVING

I. Are you employed? ☒ Yes ☐ No

If no, proceed to question 2

Occupation Excavator

Please estimate percent of time for each activity

20% Standing 60% Sitting 10% Crawling 10% Kneeling

Lifting:

< 10 lbs 20% > 10 lbs ☐ From waist height ☐ From floor ☐From waist to overhead ☐ From floor to overhead ☐ floor to waist 20%Push: < 10 lbs 80% > 10 Lbs ☐Pull: < 10 lbs 80% > 10lbs ☐Carry: < 10 lbs ☐ > 10lbs ☐ Frequency ☐ Distance ☐Bend: ☐ Twist ☐ Jump 10% (into truck)Use of heavy equipment: ☒ Yes ☐ No 100% timeUse of power tools: ☒ Yes ☐ No 100% timeEnvironment: ☐ Indoors ☒ Outside 100% timeDescribe climate conditions: Dry, strong sun, temp > 100°

## 2. Out of work activities

A. Do you drive? ☒ Yes ☐ NoHow often: ☒ Daily ☒ to/from work ☒ Personal errands50 mi/day DistanceB. Are you caring for children/elders/others? ☒ Yes ☐ No 30% time

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C. Do you engage in regular exercise?   X   Yes        No       

Describe activity:   Company baseball team, hiking  

3. Will the use of prescription analgesic (pain) medication alter your daily living (i.e. inability to drive, inability to use power tools or heavy equipment, altered ability to care for others)?   I would be unable to drive, unable to perform essential job functions and it would compromise my ability to appropriately care for my children. I would be dropped from the baseball team
4. How have varicose veins altered your activities of daily living?   Constant aching, ankles/feet swollen at the end of the day, cramping at night, frequently awakened from sleep, tired during the day due to interrupted sleep

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## SUMMARY:

Mr. (\_\_\_\_ name \_\_\_\_ ) was first seen by me on (\_\_\_\_ date \_\_\_\_ ) with a chief complaint of leg pain with burning, itching, heaviness, fatigue and cramping that awakens him at night. He also complains of mild pitting edema after standing. Symptoms have been present for approximately (\_\_\_\_ number of years \_\_\_\_ ) He has been followed conservatively, by his primary care physician, (\_\_\_\_ MD name \_\_\_\_ ), who prescribed compression stockings, mild exercise, elevation of legs and loss of weight (8 – 10 lbs). He was also advised to avoid hot baths. Mr. (\_\_\_\_ name \_\_\_\_ ) has been compliant with all recommendations, without relief. He now seeks definitive treatment.

On physical exam, varicosities are visible (\_\_\_\_ describe \_\_\_\_ ) at (\_\_\_\_ location \_\_\_\_ ). Measurement of the right ankle is (\_\_\_\_ cm \_\_\_\_ ), compared to the contralateral, unaffected leg which measures (\_\_\_\_ cm \_\_\_\_ ). Duplex ultrasound scan of the right leg demonstrates \_\_\_\_\_.

Mr. (\_\_\_\_ name \_\_\_\_ ) is now seeking relief from leg pain. He has found it increasingly more difficult to live with the pain. He works as an excavator. Most of his day is spent sitting, standing and crawling. He must operate heavy equipment. He has difficulty sleeping because the pain awakens him at night. He complains of day time fatigue (in addition to leg fatigue) associated with lack of sleep. He is fearful that he must remain 100% alert on the job. He has tried Tylenol for pain, without relief. He has a long history of GERD and therefore is not a candidate for NSAID therapy.

I have not given him a prescription analgesic. This would preclude driving, working and caring for his small children after work. Mr. (\_\_\_\_ name \_\_\_\_ ) cannot afford to be out of work. Additionally, he purchases health care insurance from his company. If he is out of work for any length of time, coverage will be dropped and he will have to purchase it through COBRA. Estimated cost is \$800/month, while his income would also be diminished.

Assessment/provisional diagnosis: (\_\_\_\_ reflux of right GSV at \_\_\_\_ , vein size \_\_\_\_ , \_\_\_\_ , perforators \_\_\_\_ ).

Plan: Mr. (\_\_\_\_ name \_\_\_\_ ) has been treated conservatively with compression stockings, leg elevation and an exercise program for (\_\_\_\_ length of time \_\_\_\_ ). He has lost 10 lbs. he has been compliant with all treatment. He has been compliant with all instructions. He has lost 10lbs. He has difficulty wearing compression stockings on hot days and has more difficulty removing them at the end of the day when his legs are swollen. I do not anticipate that this course of treatment will alter the underlying etiology. I am concerned that further delay will only contribute to chronic venous insufficiency. He is unable to take NSAIDs or prescription analgesics. I would not encourage prolonged prescription analgesia to treat a condition that can be readily remedied. I have scheduled Mr. (\_\_\_\_ name \_\_\_\_ ) for endovenous laser treatment (EVLT®) on (\_\_\_\_ date \_\_\_\_ ). My office is now requesting precertification for EVLT®, from (\_\_\_\_ carrier name \_\_\_\_ ).

Sincerely,

\_\_\_\_\_, MD

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**NEW PATIENTS WHO HAVE NOT  
RECEIVED CARE FOR VARICOSE VEINS AT  
ANY TIME IN THE PAST**

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## New Patients Who Have Not Received Care For Varicose Veins At Any Time In The Past

FIRST VISIT: (To be completed by patient) Date: 3/1/06

### 1. Symptomatic patient (check all that apply)

- a. Right leg ☒ Left Leg ☐
- b. Aching ☒ cramping ☒ burning pain ☒ itching ☒ awakened at night
- c. Patient instructed in avoidance of precipitating factors (i.e. hot baths)  
☒ Yes ☐ No
- d. Interference with activities of daily living (ADL) attached ☒ Yes ☐ No
- e. Swelling, especially after prolonged standing ☒  
Circumference left leg 16cm rt. Leg 18cm (at malleolus)

### 2. Conservative therapy

- a. 3 -6 month trial
  - i. Graduated, elasticized compression stockings
    - 1. Date first worn N/A
    - 2. First prescribed by N/A
    - 3. Patient instructions N/A
    - 4. Prescription (type of stocking i.e. Jobst, etc; mmHG) N/A
  - ii. Mild exercise
    - 1. Walking 1/2 to 1 mile t.i.d.
    - 2. Leg elevation 20 min. q.i.d.
    - 3. Weight reduction if applicable 10lbs in 3 months

### To be completed by MD:

#### iii. Medication prescribed:

- 1. OTC None Pt has Hx GERD
- 2. Prescription (drug name) None-Pt operates heavy machinery and would be unable to work
- 3. No prescription (i.e. operates heavy machinery, drives, etc.) Pt must work to maintain health care coverage

### 3. Duplex studies (MD to complete)

- a. Define anatomy, size, tortuosity:
  - i. Greater and lesser Saphenous veins
  - ii. Superficial venous segments
  - iii. Perforators
- b. Demonstrate venous reflux that correlates with patient's symptoms

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